DEPARTMENT OF ENVIRONMENTAL QUALITY PERMITTING AND COMPLIANCE DIVISION

WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU SOLID WASTE PROGRAM
P.O. BOX 200901
HELENA, MT 59620-0901

PHONE: 406-444-5300 FAX: 406-444-1374

RECYCLING FACILITY LICENSE APPLICATION

Section 1 – General Information		
Applicant Name:	Business Mailing Address:	
Business Name:	City: Zip:	
Applicant Title:	Phone:	
	Fax:	
Section 2 – Site Location Information Proposed Site Location/Physical Address:		
Site Legal Description (Location): (Section, Township, and Range [to nearest 1/4 Section])		
Latitude/Longitude:		
Is applicant listed above the owner of the facility property: \(\subseteq YES \) \(\subseteq NO \) (Attach proof of ownership. If applicant is not the legal landowner, provide current landowner information below)		
Landowner Name:		
Landowner Mailing Address:		
City:	State: Zip:	
Landowner Phone Number:		

Section 3 – Attachments

Recycling Facility Operation and Maintenance Plan (required)

An operation and maintenance plan MUST BE INCLUDED that provides provisions for EACH of the following items:

- (a) Schedule of Operation
- (b) Site Description
- (c) Site access controls;
- (d) Types and sources of waste materials to be recycled, including a description of the source, quality, and anticipated quantity of the wastes;
- (e) Daily traffic flow and procedures for unloading trucks;
- (f) List of equipment available for use;
- (g) Description of any physical or chemical processes used;
- (h) Description of the ultimate use for the recycled wastes;
- (i) Method of recycling;
- (j) Method of removal from the site and a plan for the disposal of recycled material that cannot be used in the expected manner;
- (k) Description of personnel required and their responsibilities;
- (I) Drainage control;
- (m) Description of any monitoring that will occur involving the recycling process or the site;
- (n) A contingency plan that outlines steps taken in the event (i) unapproved materials are delivered to the site, (ii) groundwater contamination is identified, or (iii) soil contamination is identified, (iv) other undesirable conditions are noted;
- (o) Safety Procedures and documents specifying compliance to the Occupational Safety and Health Administration regulations;
- (p) A Closure Plan that provides detailed estimates for a third party closure resulting from (1) accidental release and (2) site closure termination of activities
 - The Closure Plan shall describe procedures for terminating storage of wastes at the facility in such a manner that: (i) Demonstrates that the wastes stored at the facility will be removed or disposed of in an appropriate manner; and (ii) Threat to public health or safety or to the environment from wastes in the facility is eliminated; and, (iii) Eliminates or minimizes the need for further maintenance or monitoring.

Closure activities include: (i)Removal of waste, (ii)Site decommissioning elements, if necessary, (iii)Generation and management of any closure-derived wastes, (iv)Notification of closure completion, (v)Final Report and Closure certification.

The final closure report must be submitted within 30-days of closure completion of work outlined in the closure plan. This closure report shall document actions taken to close the facility and shall include receipts for waste disposal/transport. The report signer shall certify that the approved facility closure has been completed within 180 days of initiation of closure activities.

(q) Documentation of Liability Insurance or Financial Assurance for the facility.

MAPS (required)

The following maps MUST BE INCLUDED that provide the following information:

- (a) A site map that delineates the boundary lines of:
 - (i) Recycling area in relation to property boundary;
 - (ii) Direction of prevailing winds;
 - (iii) Location of access roads and on-site roads;
 - (iv) Location of property boundaries and names/addresses of all contiguous landowners;
 - (v) Location of water supply wells, buildings, residences, surface water bodies, and drainage swales within 1,000-feet of the site; and,
 - (vi) Identification of all current and future facility buildings.
- (b) A vicinity map of 1:24,000 scale that delineates the following areas within one-mile of the facility boundaries, including:
 - (i) Zoning and land use;
 - (ii) Residences;
 - (iii) Surface waters;
 - (iv) Access roads, bridges, railroads, airports;
 - (vii) Historic sites and other manmade or natural features relating to the project.

Section 4 – Certifications	
APPLICANT CER	TIFICATION – OWNER SIGNATURE
waste management system will be const through 75-10-233, Montana Code And accordance with conditions which have of and am familiar with the information in the	of this proposed facility. I certify that the above described solid tructed and operated in accordance with Sections 75-10-201 notated (MCA), the rules adopted pursuant thereto, and in or may be imposed in the license. I have personally examined this application and all attached documents. To the best of my abmitted information is accurate and complete.
Applicant printed name	
Applicant Signature	
	NG AND ZONING CERTIFICATION comment official having knowledge of local zoning ordinances)
I hereby certify that the site of the planned	d solid waste management system is in accordance with

(Title)

(Date)

(Printed name of local official)

(Signature of local official)